



KENTUCKY BOARD OF CHIROPRACTIC EXAMINERS
Peer Review Committee

P.O. BOX 183
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M E M O R A N D U M

TO: Interested Parties seeking Peer Review on Chiropractic Claims
FROM: Chiropractic Peer Review Committee
SUBJECT: Requirements for submission of Requests for Peer Review

The following requirements are set forth for the submission of all claims submitted to the Kentucky B.C.E. Peer Review Committee in order to perform a fair and impartial review.
ALL ITEMS LISTED BELOW MUST BE SUBMITTED AND ALL DOCUMENTS MUST BE COMPLETELY LEGIBLE.

FOR CHIROPRACTOR'S USE ONLY

The following procedures are for **CHIOPRACTORS** submitting patient records for Peer Review:

- (1) The "Chiropractor's Records Certification" form must be completed and returned with all cases submitted.

SIX (6) copies of the records to be reviewed must be submitted. FIVE (5) of these six copies MUST BE SANITIZED. (ALL names, addresses, or any other identifying information, including the name and address of the submitting party, must be sanitized). The initials of D.C., titles and dates (including patient's date of birth) should not be sanitized. These copies of records must be submitted in the following manner:

- (a) Reports must be submitted in ascending chronological order
- (b) Treatment billings must be submitted in ascending chronological order.
- (c) Back up chiropractor's documentation.
- (d) **ALL PAGES MUST BE NUMBERED** (in the lower right hand corner of each page)
IN ASCENDING CHRONOLOGICAL DATE ORDER.

PLEASE COMPLETE AND RETURN THIS PAGE

Memorandum

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The records must include the following information:

- _____ Date and history of onset of each complaint.
- _____ Examination test results and findings, including the chiropractic and neurological examination results, and/or a narrative report.
- _____ X-ray findings.
- _____ Lab reports or special diagnostic procedures (**CAT** scans, MRIs, Second Opinions, Consultations, etc.)
- _____ Diagnosis
- _____ Describe manipulative and/or other therapy used and describe any particular problems involved in the manipulative or therapy utilization.
- _____ Prognosis or date treatment terminated. Dates of exacerbations, if any.
- _____ Copies of daily clinical notes.
- _____ Progress Notes.
- _____ If ICE performed, indicate by whom and attach copy.
- _____ If more than one doctor was involved, please separate documents and explain role by specialty.
- _____ Condition: Chronic _____ Acute _____

- _____ Total Number of Chiropractic Office Visits
- _____ Initial Treatment Date
- _____ Last Known Treatment Date
- _____ Cost Per Visit
- _____ Chiropractor Total Cost
- _____ Total Cost of Case

AREA OF CONCERN:

FEE REQUIRED

For each Peer Review request, a service fee of **\$50.00** is required, with an additional \$50.00 per hour to be paid prior to delivery of Committee findings to all parties. A typical review requires a minimum of 5-6 hours. The initial \$50.00 service fee must accompany each case for processing or the case will be returned to the submitting party.

Please submit all requests for Peer Review to:

B.C.E. Peer Review
P. O. Box 183
Glasgow, Kentucky 42142-0183

PEER REVIEW RESULTS

Once the claim has been submitted and the initial \$50 fee has been paid, the claim will be reviewed by staff for completeness. The doctor will be notified of the receipt of the claim. The complete case file with all supporting documents will be submitted to the Peer Review Committee. The Primary Reviewer will review the case and submit an evaluation of the review and the case will be placed on the Agenda for the next regularly scheduled meeting of the Committee. Once the full Committee has reviewed the case, upon receipt of additional fees required (from the requestor), the results of the findings will be submitted in writing to the Board of Chiropractic Examiners, the carrier, the patient and the health care provider.